

**From:** [Saric, James](#)  
**To:** [Wood, Nicole](#); [Carlson, Janet](#)  
**Subject:** FW: AMEC Certificate of Insurance.  
**Date:** Thursday, May 23, 2013 4:18:00 PM  
**Attachments:** [AMEC USA Holdings, Inc. United States Environmental Protection Cert V1.pdf](#)

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FYI

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**From:** Fortenberry, Chase [mailto:[LCFORTEN@GAPAC.com](mailto:LCFORTEN@GAPAC.com)]  
**Sent:** Thursday, May 23, 2013 2:17 PM  
**To:** Saric, James  
**Cc:** Garret Bondy  
**Subject:** AMEC Certificate of Insurance.

Jim

For your records, attached is the professional liability certificate for the Kalamazoo River project for AMEC.

Please feel free to contact me if you have any questions.

***L. Chase Fortenberry, P.G.***

**Manager - Environmental Engineering**  
**Georgia-Pacific LLC**  
**133 Peachtree St., NE**  
**Atlanta, GA 30303**  
**Office #: (404) 652-6166**  
**Mobile #: (404) 539-3509**  
**[lcforten@gapac.com](mailto:lcforten@gapac.com)**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
05/06/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Morristown NJ Office 44 Whippany Road, Suite 220 Morristown NJ 07960 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> 800-363-0105
<b>INSURED</b> AMEC Environment & Infrastructure, Inc. f/k/a AMEC E&I, Inc., f/k/a MACTEC 46850 Magellan Drive, Suite 190 Novi MI 48377 USA	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b> American Zurich Ins Co	40142
	<b>INSURER B:</b> Zurich American Ins Co	16535
	<b>INSURER C:</b> ACE American Insurance Company	22667
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

Holder Identifier :

**COVERAGES****CERTIFICATE NUMBER:** 570049842208**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<b>GENERAL LIABILITY</b>			G24553401	05/01/2013	05/01/2014	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						
B	<b>AUTOMOBILE LIABILITY</b>			BAP9483148-02	05/01/2013	05/01/2014	
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> Comp Ded \$1000	<input checked="" type="checkbox"/> Coll. Ded \$1000					PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/> OCCUR		X00G27238671	05/01/2013	05/01/2014	
	<input type="checkbox"/> <b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						AGGREGATE \$1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC350486612	05/01/2013	05/01/2014	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	All other States	05/01/2013	05/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below			WC386713306			E.L. EACH ACCIDENT \$1,000,000
				MA & WI			E.L. DISEASE-EA EMPLOYEE \$1,000,000
							E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570049842208

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Project Number: 3293131514, Project Description: Georgia Pacific Kalamazoo River OU-5, Re: the AOC for US EPA Region 5 CERCLA Docket Number: V-W-07-C-864, Estimated Contract Price: \$587,000. Where required by written contract, United States Environmental Protection Agency - Region 5 is included as Additional Insured as respect to General Liability and Automobile Liability policies. The Umbrella policy provides Additional Limits to the underlying General Liability, Automobile Liability and Workers' Compensation/Employers' Liability coverages.

**CERTIFICATE HOLDER****CANCELLATION**

United States Environmental Protection Agency - Region 5 77 West Jackson Blvd., Mail Code: SR6J Chicago IL 60604 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Northeast, Inc.</i>

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AGENCY CUSTOMER ID: 10650550

LOC #:

**ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED AMEC Environment & Infrastructure, Inc.
POLICY NUMBER See Certificate Number: 570049842208		
CARRIER See Certificate Number: 570049842208	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		wc672425403 Idaho	05/01/2013	05/01/2014		